PAYROLL ACTION REQUEST

2 ADJUSTMENT PERIOD *(Inclusive)*			
FROM		TO	
DATE	P/P	DATE	P/P

1 PERSONNEL OFFICE ◀ SEQUENTIAL REQUEST NUMBER

3

INSTRUCTIONS ON REVERSE OF AGENCY COPY
PLEASE READ CAREFULLY

4 FROM

AGENCY CODE	PERSONNEL OFFICE IDENTIFIER	ACCT. STATION CODE

AGENCY NAME AND MAILING ADDRESS

CITY	STATE	ZIP CODE

USDA, OFFICE OF FINANCE AND MANAGEMENT
NATIONAL FINANCE CENTER
PO BOX 60000
NEW ORLEANS, LA 70160

5 EMPLOYEE'S T&A CONTACT POINT

6 FLSA

☐ EXEMPT   ☐ NON-EXEMPT

7 RETIREMENT COVERAGE CODE

8 TYPE EMPLOYMENT

☐ FULL-TIME   ☐ INTERMIT-TENT   ☐ FOREST SERVICE ALTERNATOR

☐ PART-TIME   ☐ 1ST 40 HOURS   ☐ REEMPLOYED ANNUITANT

9 SOCIAL SECURITY NO.	10 EMPLOYEE'S NAME *(Last, First, Middle Initial)*

11 NATURE OF ACTION TO BE TAKEN

12 TERMINATED   IF YES   DATE TERMINATED

☐ NO   ☐ YES ◀

CHECK MAILING ADDRESS OR DESIGNATED AGENT NUMBER

13 EXPLANATION OF CIRCUMSTANCES WHICH REQUIRE THIS ACTION

14 GROSS AMOUNT OF ADJUSTMENT

$

15 ACCOUNTING DATA TO BE CHARGED AND/OR CREDITED

16 ATTACHMENTS SUPPORTING OR AUTHORIZING THIS ACTION

17 PERSON TO BE CONTACTED FOR ADDITIONAL INFORMATION	TELEPHONE *(Area Code and Number)*

18 EMPLOYEE'S SIGNATURE AND DATE SIGNED *(If Required)*

19 APPROVAL

AUTHORIZED OFFICIAL'S SIGNATURE AND TITLE	DATE APPROVED

FORM AD-343 (USDA) (REV. 8/92)

INSTRUCTIONS

Block Number

1   Enter personnel office sequential request number.

2   Enter inclusive dates and pay periods of adjustment.

3   For NFC Use Only. Net amount depicted only on carbon copies.

4   Enter agency code, personnel office identifier, accounting station code, and agency name and mailing address.

5   Enter employee's T&A contact point.

6   Check the exempt box for employees not covered under the Fair Labor Standards Act. Check the non-exempt box for employees covered under the Fair Labor Standards Act.

7   Enter the employee's current retirement coverage code.

8   Check appropriate block for type of employment.

9   Enter employee's social security number.

10   Enter employee's name (last, first, middle initial).

11   Enter a brief description of desired action to be taken.

12   If employee is currently employed by USDA, or a department serviced by USDA, check the NO box. Check the YES box if the employee has terminated. If yes, enter termination date and check mailing address or designated agent number.

13   Enter explanation of circumstances which require this action. Include specific dates if applicable.

14   Enter gross amount of adjustment if known.

15   Enter the accounting classification code(s) or management code(s) to be charged or credited with the adjustment. Provide an accurate accounting code for each fiscal year affected. Check with your fiscal officer if necessary. If Forest Service, show region and unit code in addition to the management code.

16   List each document attached.

17   Enter the name and telephone number of person to be contacted for additional information. This block must be completed to expedite processing.

18   If adjustment requires employee's consent, employee must sign and date the form in this block.

19   Enter authorized official's signature and title. Enter the date the form is approved by the authorized official.